

CO-EXECUTORS DEED OF CONVEYANCE

* Prepared By and Return to: Lamar & Hannaford, P.A., 214 S. Ward Street, Senatobia, Mississippi 38668, Phone: 662-562-6537.

INDEXING INSTRUCTIONS: Lot 334, Section C, Buena Vista Lakes Subdivision, located in Section 13, Township 4, Range 8, Plat Book 5, Page 18, DeSoto County, Mississippi.

By virtue of the authority conferred in us pursuant to the Last Will and Testament of William D. Mason, Jr., and by decree of the Chancery Court of DeSoto, Mississippi, in Civil Action No. 11-01-0073 (VC), rendered on the 23rd day of August, 2011, and recorded in Book 579, Pages 614-616, in the office of the Chancery Clerk of DeSoto County, Mississippi, closing the estate, WE, **CHERI M. STEELE**, 32 Horseshoe Drive, Greenbrier, Arkansas 72058, Phone: 501-679-4366, and **MICHAEL D. MASON**, 11138 N. Olympic Place, Oro Valley, Arizona 85737, Phone: 520-797-0140, Co-Executors of the Estate of William D. Mason, Jr., deceased, do hereby give and convey unto **CHERI M. STEELE**, 32 Horseshoe Drive, Greenbrier, Arkansas 72058, Phone: 501-679-4366, and **MICHAEL D. MASON**, 11138 N. Olympic Place, Oro Valley, Arizona 85737, Phone: 520-797-0140, the following described real property located and situated in DeSoto County, Mississippi, to-wit:

Lot 334, Section C of Buena Vista Lakes Subdivision, as shown on plat appearing of record in Plat Book 5, Page 18, in the Chancery Court Clerk's Office of DeSoto County, Mississippi, to which recorded plat reference is made for a more particular description. Said lot being situated in Section 13, Township 4, Range 8 West, DeSoto County, Mississippi.

By way of explanation, the decedent, William D. Mason, Jr., was the unremarried widower of Rosella Margaret Mason. A copy of her death certificate

is attached hereto and made a part hereof.

Taxes for the current year are to be paid by the Grantees.

No formal title opinion or survey made or requested.

WITNESS OUR SIGNATURES, on this the 23rd day of September

2011.

Cheri M. Steele

CHERI M. STEELE,
CO-EXECUTOR, ESTATE OF
WILLIAM D. MASON, JR.

Michael D. Mason

MICHAEL D. MASON,
CO-EXECUTOR, ESTATE OF
WILLIAM D. MASON, JR.

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STATE OF ARKANSAS

COUNTY OF Faulkner

PERSONALLY appeared before me, the undersigned authority in and for the County and State aforesaid, the within named **CHERI M. STEELE**, Co-Executor of the Estate of William D. Mason, Jr., who did acknowledge to me that she signed and delivered the above and foregoing Co-Executors Deed of Conveyance on the day and year therein mentioned as her free and voluntary act and deed.

GIVEN UNDER MY HAND and official seal of office, this the 23rd day of September, 2011.

Jo Ellen Havens
NOTARY PUBLIC

(SEAL)

JO ELLEN HAVENS
NOTARY PUBLIC-STATE OF ARKANSAS
FAULKNER COUNTY
My Commission Expires 08-01-2021
Commission # 12383325

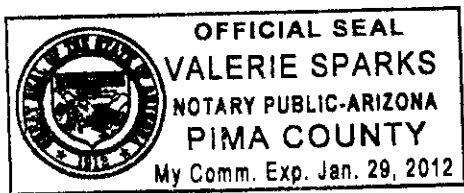
STATE OF ARIZONA

COUNTY OF Pima

PERSONALLY appeared before me, the undersigned authority in and for the County and State aforesaid, the within named **MICHAEL D. MASON**, Co-Executor of the Estate of William D. Mason, Jr., who did acknowledge to me that he signed and delivered the above and foregoing Co-Executors Deed of Conveyance on the day and year therein mentioned as his free and voluntary act and deed.

GIVEN UNDER MY HAND and official seal of office, this the 23 day of September, 2011.

(SEAL)



Valerie Sparks
NOTARY PUBLIC

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

DK W BK 667 PG 286

TYPE OR PRINT
WITH BLACK INKFILING
DATE

MAY 26 2006

CERTIFICATE OF DEATH
STATE OF MISSISSIPPISTATE FILE
NUMBER

123-06-010424

DECEASED

1. NAME First Middle Last ROSELLA MARGARET MASON			2. SEX FEMALE		3a. HOUR OF DEATH 6:10A m.		3b. DATE OF DEATH (Month, Day, Year) MAY 16, 2006								
4. RACE (Specify White, Black, American Indian, etc.) WHITE		5a. AGE AT LAST BIRTHDAY 83		5b. MOS ONLY IF UNDER 1 YEAR		5c. DAYS ONLY IF UNDER 1 DAY		5d. HOURS ONLY IF UNDER 1 DAY		5e. MINS ONLY IF UNDER 1 DAY		6. DATE OF BIRTH (Month, Day, Year) AUG. 29, 1922		7a. COUNTY OF DEATH DESOTO	
7b. CITY OR TOWN OF DEATH HERNANDO			7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) 691 THUNDERBIRD SOUTH						7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER., RM. OR DOA RESIDENCE			8. STATE OF BIRTH IOWA			
9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School College 12 (0-12) 2 (1-4, 5+)			10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED			11. SURVIVING SPOUSE (If wife, give maiden name) WILLIAM D. MASON			12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) NO						
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) AMERICAN			14. SOCIAL SECURITY NUMBER 82			15a. USUAL OCCUPATION (Kind of work done most of working life) BOOKKEEPER			15b. KIND OF BUSINESS OR INDUSTRY RENTAL CO.						
16a. RESIDENCE-STATE MISS.			16b. COUNTY DESOTO			16c. OR TOWN HERNANDO			16d. INSIDE CITY LIMITS (Specify Yes or No) NO			16e. STREET AND NUMBER OR RURAL LOCATION 691 THUNDERBIRD SOUTH			

PARENTS

17. FATHER-NAME First Middle Last NICK NAHNSEN			18. MOTHER-NAME First Middle Maiden FREDA MYERS		
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INFORMANT

19a. INFORMANT-NAME (Type or print) WILLIAM D. MASON			19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 691 THUNDERBIRD SOUTH, HERNANDO, MS 38632		
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DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		20b. CEMETERY, CREMATORY-NAME BETHESDA CEMETERY		20c. LOCATION (City and State) SENATOBIA, MS		21a. EMBALMER-SIGNATURE AND NUMBER THOMAS P. KIZZIAH	
21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER PATE-JONES F.H., INC. 69-P				21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P.O. BOX 247, SENATOBIA, MS 38668			

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) Bill Baldwin DCMEI			22b. PRONOUNCED DEAD (Month, Day, Year) ON May 16, 2006			22c. PRONOUNCED DEAD (Hour) AT 7:30A m.		
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CERTIFIER

23a. CERTIFIER-NAME (Type or print) Jeffery Pounders			23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4942 Pounders Rd. Nesbit, Ms. 38651		
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Mississippi State
Board of HealthForm No. 511
Revised 1-1-89

24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE 24b. DATE SIGNED (Month, Day, Year) 24c. STATE LICENSE NUMBER MD 24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE 24f. TITLE Desoto DCMEI 24g. DATE SIGNED (Month, Day, Year) May 21, 2006	
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USE OF DEATH

25. PART I: DEATH CAUSED BY: (a) Hypertension (b) ASCD (c)		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		Interval between onset and death	

Had Decedent

been Pregnant

within 90 Days

prior to Death?

Yes ☒ No

26. PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I				27. AUTOPSY (Yes or No) NO		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) YES	
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY m.		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	
29e. INJURY AT WORK (Yes or No)		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29g. LOCATION		Street or route number City or town State	

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

Brian W. Amy MD.

Brian W. Amy, MD, MHA, MPH
STATE HEALTH OFFICER

MAY 26 2006

Judy Moulder

Judy Moulder
STATE REGISTRAR

WARNING:

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